


U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Lewis Dean S	COURT CASE NUMBER	2:05-CV-00283 TMB
DEFENDANT	Cindy Anderson	TYPE OF PROCESS	<b>RECEIVED</b>
<b>SERVE</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Cindy Anderson		
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	5530 E Northern Lights Blvd Anchorage, Alaska 99504		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
<input type="checkbox"/> Lewis Deans <input type="checkbox"/>		Number of parties to be served in this case	10
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Lewis Dean S			10/27

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No	No	[Signature]	12/13/06

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service	Time
	12/16/06	am

Signature of U.S. Marshal or Deputy	Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
[Signature]	\$8	5.60		\$13.60			

REMARKS:

sent out certified - RR-constructed  
 Returned 12-18-06

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT ORIGINAL

District of

Lewis Deans

SUMMONS IN A CIVIL ACTION

V.

Cindy Anderson  
Sharon Shumacher  
Jerry Splander  
Jim Arnold  
Julie Neal  
Krista Shank  
Debra Wilson  
Art Arnold  
Cheryl Guyette

CASE NUMBER: 3:05-CV-00283 TMB

TO: (Name and address of Defendant)

Cindy Anderson  
5530 E Northern Lights Blvd.  
Anchorage, AK 99504

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Lewis Deans

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

IDA KOMACK

November 2, 2006

DATE

REDACTED SIGNATURE

eu

CLE  
(By)

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

ANCHORAGE AK 99504

Postage	\$ 1.11
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$5.36</b>

Sent To: *Cindy Anderson*

Street, Apt. No., or PO Box No.

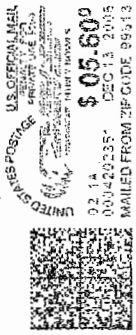
City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <i>S. Cameron</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>S. Cameron</i> C. Date of Delivery: <i>12/16/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Cindy Anderson</i>  <i>5536 W. Northernlights</i>  <i>Anchorage, AK</i>  <i>99504</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p>(Transfer from service label) <i>7001 2510 0000</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>

PS Form 3811 August 2001

Cindy Anderson  
5530 W. Northern Lights Blvd  
Anchorage, AK 99504



CERTIFIED MAIL



7001 2510 0002 1407 6536

U.S. Department of Justice  
United States Marshals Service  
District of Alaska  
222 West 7th Avenue, #28  
Anchorage, AK 99513-7568  
Official Business  
Penalty for Private Use \$300

COMPLETE THIS SECTION ON DELIVERY		PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2500	
<b>1. Article Addressed to:</b> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		<b>2. Article Number</b> (Transfer from service label) 7001 2510 0002 1407 6536	
<b>3. Service Type</b> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>4. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
<b>A. Signature</b> X		<b>B. Received by (Printed Name)</b>	
<b>C. Date of Delivery</b>		<b>D. Addressee</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	